

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/018,139 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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TOTAL IND.	4	3	4	3		
TOTAL DEP.	13	14	14	15		
TOTAL DEP.	17	15				
TOTAL CLAIMS						

#	IND.		DEP.		#	IND.		DEP.		#	IND.		DEP.	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS														

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS